



# Detailed Damage Inspection Report FHWA Emergency Relief

Applicant		County(s)	FHWA Disaster No.
Location of Damage (Name of Road or Street)		Milepost	Inspection Date
		From _____ To _____	Federal-Aid Route
Description of Damage (Include Bridge Number(s) if Applicable)			Local /State Project No(s).

## Cost Estimate (Including Preliminary and Construction Engineering)

Temporary/Emergency Repair and Incidental Permanent Restoration work are eligible for 100% Federal participation until

<b>Temporary/Emergency Repair</b> <i>(Work required to restore essential travel and protect the remaining facility from immediate threat.)</i>		Temp./Emerg. Repair
Method of Work: <input type="checkbox"/> Local/State Force Account <input type="checkbox"/> Emergency Contract		
<b>Total Temporary Repair</b>		\$
<b>Incidental Permanent Restoration</b> <i>(That portion of the permanent work which has been determined to be more economical to be constructed along with the Temporary/Emergency work.)</i>		Incid. Perm. Restoration
Method of Work: <input type="checkbox"/> Local/State Force Account <input type="checkbox"/> Emergency Contract		
<b>Total Incidental Perm.</b>		\$
<b>Permanent Restoration</b> <i>(This work is eligible for Federal participation at the standard matching ratio. This work must receive additional FHWA authorization before advertisement.) Describe any proposed betterments and their eligibility.</i>		Permanent Restoration
Preliminary Engineering _____ Right of Way _____ Construction _____		
Method of Work: <input type="checkbox"/> Local/State Force Account <input type="checkbox"/> Contract		
<b>Total Perm. Restoration</b>		\$
NEPA Environmental Classification <input type="checkbox"/> Categorical Exclusion <input type="checkbox"/> EA/EIS	<b>Total Estimated Cost</b>	
Recommendation <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	FHWA Engineer	Date
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	State Representative	Date
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Agency Representative	Date

☐ At the time of this inspection, all work was complete; therefore, this report constitutes the final field inspection.